



EMERGENCY MEDICAL DISPATCHER - APPLICATION FOR A NEW LICENSE

1. Name: _____, _____ (Last Name) (First Name) (MI)

2. Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Day time Phone#: _____

4. E-mail : _____

5. Date of Birth: ____ / ____ / ____ (Must be 18 years of age) ____ Male ____ Female

6. Social Security #: ____ - ____ - ____ The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (46 USC, §405(c)(2)(C)(i) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A M.R.S.A. §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.

7. Do you now hold, or have you ever held, a Maine EMD License? Yes: ____ No: ____

If you answered "yes" to number 7 above, what is the: License number? _____ Expiration date? _____

8. What type of training are you using for Licensure?

____ Maine EMS approved initial course (Complete all sections except #12)

____ Reciprocity (Complete all sections)

____ My license has expired by more than 90 days and I will be using a refresher course or CEH to obtain my license. (Complete all sections except #12 and attach copies of your refresher course certificate or CEH certificates to your application.)

9. Course Completion & National Certification Verification

Maine EMS-approved EMD Program (**enclose copy of current card**):

Instructor's Name: _____ Course Location: _____

Course Completion Date: _____ Expiration Date: _____

10. Cardio-Pulmonary Resuscitation (CPR) Certification: *** Enclose copy of current CPR card ***

11. Reciprocity Information: (To be completed if the applicant is applying for reciprocity from another state)

Are you currently licensed/certified as an EMD in another State? ____ Yes ____ No If you answered "Yes":

i. In what State was your license /certificate issued? _____

ii. Was the license/certification issued based upon training completed in the State of issue or based upon reciprocity from another state?

____ Based upon Training ____ Based upon reciprocity from: _____

For Maine EMS
Office Use Only:

- ☐ Logged
☐ Entered
☐ Issued

Approved by: _____
Course date: _____
Refresher date: _____
Recip. State: _____
Recip. Date: _____
Comments: _____

12. History of convictions*, civil drug violations, pending charges, or action taken against a professional license or certification. Completion of this section is mandatory. Failure to complete this section and/or failure to list all convictions, violations, pending charges or actions against a professional license or certification may result in revocation of my Maine EMS EMD license and prosecution for Unsworn Falsification, a Class D crime.

- a. Have you ever been convicted* of any criminal offense**? ___ Yes ___ No
- b. Are charges pending against you in any state or Federal court? ___ Yes ___ No
- c. Have you ever had any action taken, or is action pending, against any professional license or certification you currently hold or have ever held? ___ Yes ___ No

* "Convicted" means a finding of guilty, or a finding of not guilty by reason of insanity or mental disease or defect.

** "Criminal offense" is one that is punishable by a possible period of incarceration, whether or not such a sanction is imposed. Criminal offenses include, but are not limited to, Operating Under the Influence or Operating After Suspension.

If you answered yes to either a, b, c or d above, you must provide the information requested below for any and all convictions. (Attach extra sheets if necessary)

Type/Name of Offense:	Date of Offense:	Location of Offense:	Name of Authority/Court:	Action Taken:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Certification

13. I certify that the statements contained in this application are correct to the best of my knowledge and that I am eligible for licensure at the level requested in accordance with Maine statutes and EMS rules. I understand that the license, as issued, allows me to practice emergency medical dispatch (EMD) as authorized under the Maine EMS Rules governing the license and by the Maine EMS-approved Emergency EMD protocols governing the license. I understand that the Maine EMS system's Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMD provider and agree to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board. I understand and agree that QA/QI information pertaining to me may be shared amongst recognized participants within the Maine EMS QA/QI system. I also understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against my license by Maine EMS.

Applicant Signature: _____ **Date:** _____

EMD Center Employment Verification (Must be signed by the EMD Center Director)

14. I certify that the applicant/licensee is employed by the licensed Emergency Medical Dispatch Center, noted below.

EMD Center Director Signature: _____ **Date:** _____

Name of Dispatch Center: _____ **EMD Center License #** _____

Complete this Checklist before you mail in your application:

- ☐ All required sections are completed by printing (in ink) or typing the requested information;
- ☐ I've enclosed a copy of my EMD card and/or certificate from a Maine EMS-approved EMD program;
- ☐ I've enclosed a copy of my CPR card and/or certificate from one of the following Maine EMS-approved CPR programs;
 - American Heart Association(AHA) *HealthCare Provider*
 - American Red Cross (ARC) *Professional Rescuer*
 - American Health & Safety Institute (ASHI) *Healthcare Provider*
- ☐ For Reciprocity Applicants - I've enclosed a copy of my current out-of-state EMD certification/license
- ☐ For Reciprocity Applicants- I've enclosed a (non-refundable) reciprocity administration fee by check or money order in the amount of \$50.00 made payable to: Treasurer, State of Maine;
- ☐ I have completed, signed and dated my application (in blue or black ink).
- ☐ The EMD Center Director has signed my application.

Return your signed application (photocopied signatures can't be accepted) to: **Maine EMS,
152 State House Station,
Augusta, ME 04333-0152
Tel. 207- 626-3860**